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Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION** TRANSMITTAL

Attorney Docket No. First Inventor

(Only for new nonprovisional applications under 37 CFR 1.53(b))

I 601313275 US

PTO/SB/05 (11-00)

APPLICA	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application		
See MPEP chapter 600 cond	cerning utility patent application contents.	Washington, DC 20231		
	om (e.g., PTO/SB/17) http://displicate.for.fee.processing)	7. CD-ROM or CD-R in duplicate, large table or		
Cubits at original and a	small entity status.	Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission		
2. See 37 CFR 1.27.		(if applicable, all necessary)		
3. Specification (preferred arrangement)	[Total Pages]] t set forth below)	a. Computer Readable Form (CRF) b. Specification Sequence Listing on:		
- Descriptive title	of the invention	b. Specification Sequence Listing on:		
	e to Related Applications arding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or		
- Reference to se	equence listing, a table,	ii. paper		
or a computer p	program listing appendix	c. Statements verifying identity of above copies		
- Background of - Brief Summary		ACCOMPANYING APPLICATION PARTS		
- Brief Descriptio	n of the Drawings if filed)			
- Detailed Descri - Claim(s)	ption	9. Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of		
- Abstract of the	Disclosure	10. 37 CFR 3.73(b) Statement Power of Attorney		
4 Drawing(s) (35 U	.S.C. 113) Total Sheets]	11. English Translation Document (if applicable)		
5. Oath or Declaration	[Total Pages]	12. Information Disclosure Copies of IDS		
a Newly ever	uted (original or conv)	Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment		
Copy from a	prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
	ION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)		
	tement attached deleting ınventor(s) he prior application, see 37 CFR	Request and Certification under 35 U.S.C. 122		
	and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35		
6. Application Data	Sheet. See 37 CFR 1.76	or its equivalent. Copy of Petithon for		
		17. Other: Extension of lime		
18. If a CONTINUING APPLI	CATION, check appropriate box, and suppl	y the requisite information below and in a preliminary amendment,		
or in an Application Data She	Divisional Continuation-in-part (CIP)	of prior application No: 09 , 479, 966		
Prior application information: Examiner I. Ghali Group Art Unit 1615				
For CONTINUATION OR DIVISION	ONAL APPS only: The entire disclosure of the p	prior application, from which an oath or declaration is supplied under		
Box 5b, is considered a part of	f the disclosure of the accompanying continuat	ion or divisional application and is hereby incorporated by reference. ntly omitted from the submitted application parts.		
the incorporation can only be	19. CORRESPONDE			
Customer Number or Bar C	ode Label	or Correspondence address below		
Name	NOVEN PHARM ACEU	TICALS, INC.		
	11960 S.W. 144th Street			
Address				
City	Miami 15	State FL Zip Code 33186		
Country	USA Telep	hone (305)253-5099 Fax		
Name (Print/Type)	Jay G. Kolman	Registration No. (Attorney/Agent) 43, 727		
Signature	Ton A toluan	Date Jan 24, 2001		
<u> </u>				

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PTO/SB/21 (08-00)
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FORM (to be used for all correspondence after initial filing) First Named Inventor Group Art Unit Examiner Name Total Number of Pages in This Submission Fee Transmittal Form Fee Transmittal Form Fee Attached Drawing(s) Amendment / Reply After Final Petition Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Converted Copy of Priority Document(s) Response to Missing Parts
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Total Number of Pages in This Submission ENCLOSURES (check all that apply) ENCLOSURES (check all that apply) Fee Transmittal Form Assignment Papers (for an Application) Pree Attached Drawing(s) Amendment / Reply After Final Petition Petition Petition Proprietary Information Affidavits/declaration(s) Extension of Time Request Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts Response to Missing Parts Response to Missing Parts Aster Allowance Communication to Group After Appeal Communication to Group Appeal Communication Appeal Communica
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under 37 CFR 1.32 OF 1.33
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name Signature Signature Signature
Firm or Individual name Tay G. Kolman Reg. No. 43,727 Signature Jay Holmen
Firm or Individual name Tay G. Kolman Reg. No. 43,787
Firm or Individual name Tay G. Kolman Reg. No. 43,727 Signature Date Date CERTIFICATE OF MAILING
Firm or Individual name Tay G. Kolman Reg. No. 43,727 Signature Date No. 5, 2001
under 57 GTX 1.52 GT.55

Signature

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$)	44	2

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	David HOUZE				
Examiner Name					
Group Art Unit					
Attorney Dacket No.	NODA LOOLITEX				

METHOD OF PAYMENT		FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES				
The Commissioner is free by authorized in charge indicated fees and credit any overpayments to: Deposit		Large Smail				
Account S00511	Fee I	Entity Fee (\$)	Fee Code	Entif Fee (\$)	-	Fee Paid
Deposit Account Name Woven Harmaceuticals, Inc	ſ		205	65	Surcharge - late filling fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.			139 147 1		Non-English specification For filling a request for ex parte reexamination	
2. Payment Enclosed:				920*	= '	
Check Credit card Money Other	112 9				Examiner action	
FEE CALCULATION		840"	113	1,840	*Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115 1	10 :	215	55	Extension for reply within first month	
Large Entity Small Entity	116 3	390 :	216	195	Extension for reply within second month	
Fee Fee Fee Fee Description	117 8	390 :	217	445	Extension for reply within third month	
code (a) code (a)	118 1,3	390	218	695	Extension for reply within fourth month	
101 710 201 355 Utility filing fee 106 320 206 160 Design filing fee	128 1,8	890 :	228 9	945	Extension for reply within fifth month	
	119 3	310	219	155	Notice of Appeal	
	120 3	310 :	220	155	Filing a brief in support of an appeal	
	121 2	270 :	221	135	Request for oral hearing	
	138 1,	510	138 1	,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 355	140 1	110 :	240	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES	141 1,3	240	241	620	Petition to revive - unintentional	
Fee from Extra Claims <u>below</u> Fee Paid	142 1,2	240	242	620	Utility issue fee (or reissue)	
Total Claims 30 -20** = 10 X 9 = 90	143 4	140	243	220	Design issue fee	
Independent 3 - 3** = 0 X = 0	144 6	00	244	300	Plant issue fee	
Multiple Dependent =	122 1	130	122	130	Petitions to the Commissioner	
	123	50	123	50	Processing fee under 37 CFR 1.17(q)	ļ
Large Entity Small Entity	126 1	180	126	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 80 202 40 Independent claims in excess of 3	146 7	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 270 204 135 Multiple dependent claim, if not paid	149 7	710	249	355	For each additional invention to be	
109 80 209 40 ** Reissue Independent claims over onginal patent	'=" '	. 10	£ 40	555	examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 7	710	279	355	Request for Continued Examination (RCE)	
and over onginal patent	169 9	900	169	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) QO		Other fee (specify)				
**or number previously paid, if greater, For Reissues, see above		ed by	Basic	Filing	g Fee Paid SUBTOTAL (3) (\$)	

SUBMITTED BY			Complete (if applicable)
Name (Print/Type)	Jay G. Kolman	Registration No. 43,737	Telephone (305) 253 -5099
Signature	The of Follow		Date Jan. 24, 2001

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